BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

Insert Title:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

insert Title:	NOVEL BENZIMIDAZOLE DERIVATIVES AND PHARMACEUTICAL COMPOSITIONS COMPRISING THESE COMPOUNDS						
Fill in Appropriate	the specification of which	n is attached hereto. If not attache as filed on	d hereto,	(if applicable) an	_as		
For Use Without Specification	United States Appli	cation Number		(if applicable) an	; d/or		
insert Priority information: if appropriate)	the specification wa	s filed on		(II applicable) an	PCT		
	International Appli	cation Number		; and	was		
	amended under PC	Γ Article 19 on		(if applica	ible)		
	any amendment referred I acknowledge the of I do not know and patented or described in that the same was not in not been patented or mac States of America on an this application, and that States of America prior to I hereby claim fore	to above. duty to disclose information which do not believe the same was ever any printed publication in any cou public use or on sale in the Unite let the subject of an inventor's ce application filed by me or my leg no application for patent or inve this application by me or my leg ign priority benefits under Title 3: dd have also identified below any priority is claimed:	is material to patentability as define known or used in the United States intry before my or our invention ther d States of America more than one y tificate issued before the date of thi al representative or assigns more tha ntor's certificate on this invention ha al representatives or assigns, except is 5. United States Code. \$119(a)-(d) of	Priority Clair ed) Yes Ne	ns, §1.56 hereof, copplication ention ha he Unite si) prior t he Unite inventor ore that co		
	(Number)	(Country)	(Month/Day/Year Fil	ed) Tes No			
	(14dilloci)	(Country)	(Wollding Day) I cal I il				
	(Number)	(Country)	(Month/Day/Year Fil	ed) Yes No	_		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.						
nsert Provisional Application(s): if any)	(Application Number)		(Filing Date)		-		
	(Application Number)		(Filing Date)		-		
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country	Application N	umber Date o	of Filing (Month/Day/Year)			
nsert Requested nformation: if appropriate)					•		
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar a the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manne provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
nsert Prior U.S.	PCT/DK00/00333	June 22, 2000	Pendir	ng			
Application(s): if any)	(Application Number) (Filin			(Status - patented, pending, abandoned)			
Page 1 of 2 Rev. 06/29/01)	(Application Number)	(Filing Date)	(Status	s - patented, pending, abandoned)			

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE]	DATE*				
Full Name of First or Sole Inventor: nscri Name of Inventor sert Date This Document is Signed	Lene TEUBER	1- 7-6-5	-	15/11-01				
nscri Residence	Residence (City, State & Country)		CITIZENSHIP					
nsert Citizenship →	Vaerlose DENMARK		Danish					
nsert Past Office Address →	MAILING ADDRESS (Complete Street Address inch	uding City, State & Country)	<u> </u>					
710003	c/o NEUROSEARCH A/S, 93 Pederstrupvej, DK-2750, Ballerup DENMARK							
rull Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	, 1	DATE*				
see above	Frank WATJEN	1 grus Na	5	1///				
	Residence (City, State & Country)		CITÍZENSHIP					
	Farum DENMARK		Danish					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	c/o NEUROSEARCH A/S, 93 Pederstrupvej, DK-2750, Ballerup DENMARK							
ull Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	I	DATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	I	DATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	I	PATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
uli Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	D	OATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							

Page 2 of 2 (Rev. 06/29/01)